

Name: _____
Claim Number: _____

VOCATIONAL TRAINING PLAN RESPONSIBILITIES

See WAC 296-19A-100 (h, i and ii)

I. CLAIMANT:

- a. Claimant will participate fully in the proposed training program following the appropriately scheduled training and/or class times and mandatory attendance and practicum necessary to complete the course at {School name}.
- b. Claimant will initiate contact with Counselor at least twice monthly and inform Counselor of Claimant's progress or barriers to continuing in the proposed Vocational Rehabilitation Plan and respond promptly (48 hours) to VRC efforts to contact Claimant.
- c. Claimant will keep track of any and all records, expenses and correspondence related to this proposed Vocational Rehabilitation Plan for Counselor's subsequent review and approval. This will include attendance reports, grade reports, mileage vouchers, class registration schedules, clothing supplies, tools and equipment receipts.
- d. Claimant will maintain at least average performance, equating to a 2.0 grade average and will maintain regular vocational and attendance subject to Counselor's immediate review.
- e. Claimant will be required to provide a written doctor's assessment of illness or physical disability if Claimant has missed more than two consecutive days or a total of ten days during the estimate vocational rehabilitation-training period. Claimant shall inform Counselor within twenty-four hours of any times missed and then reasons for missing the scheduled training activities.
- f. Claimant will fully participate in the proposed vocational placement activities, which will include contacting employers, preparing employment applications and a resume. Claimant will initiate contact with at least five employers per week during the job placement phase of the proposed Vocational Rehabilitation Plan.

I have read the above Plan and understand its contents. By signing this Plan I agree to faithfully execute my responsibilities described in it.

Claimant

Claim Number

Date

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Vocational Rehabilitation Plan

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I. COUNSELOR:

- a. Counselor will review all records, expenses, and correspondences relating to the proposed Vocational Rehabilitation Plan including supplies, materials, and performance data from the training site supervisor.
- b. Counselor will meet with the Claimant and the training site supervisor on a regular basis to review the progress in training. Counselor will require the training site supervisor to complete a written performance appraisal regarding Claimant's participation, attendance, and progress in the training program.
- c. Counselor will assist Claimant in the development of job seeking skills during the proposed {# of days} job placement phase of the Vocational Rehabilitation Plan, including assistance and learning how to prepare and submit letters of introductions, employment applications, development of a resume, interviewing skills and job seeking skills instruction. Counselor will review the results of the Claimant's contacts with employers and will review the results of personal interviews.
- d. Counselor will report to the Department of Labor and Industries as required to Claimant's progress and the subsequent completion of the Vocational Rehabilitation Plan.

Counselor Name

Provider ID#

Date

II. TRAINING SITE:

- a. The training supervisor will maintain daily attendance records on behalf of Claimant's participation in the proposed Vocational Rehabilitation Plan.
- b. The training site supervisor will complete regular performance reports on behalf of the Claimant to include knowledge gained, degree of participation, actual attendance and the degree of achievement in the training program.
- c. The training site supervisor will be requested to inform Counselor of any difficulties that Claimant may have in performing the work associated with the vocational training program which will include attendance, physical activity or potential/aptitude to perform the job on the competitive level.

III. THE DEPARTMENT:

- a. The Department will continue to provide temporary total disability payments during the Claimant's approved participation in the proposed Vocational Rehabilitation Plan.
- b. The Department will reimburse the Claimant for mileage expenses if exceeding more than 10 miles one way.

Counselor Name

Provider ID#

Date